



This Form Based on PTO/SB/21

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/785461
Filing Date	2/20/2001
First Named Inventor	NOZAKI
Group Art Unit	3634
Examiner Name	Strimbu
Attorney Docket Number	26BT-036-RCE

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JUN 01 2004
GROUP 3600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) replacement sheet (sheet 7/7)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for change of Correspondence Address including copies of Power of Attorney, Revocation, and Statement Under 37 CFR 3.73(b).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	1 June 2004

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JUN 01 2004
DEPT. OF COMMERCE

3634 41
\$

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	09/785461
		Filing Date	2/20/2001
		First Named Inventor	NOZAKI
		Examiner Name	Strimbu
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group/Art Unit	3634	
TOTAL AMOUNT OF PAYMENT (\$)		420	
		Attorney Docket No.	26BT-036-RCE

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account		Large Entity			
Deposit Account Number		Fee Code Fee (\$)			
150-1147		1051 130			
Deposit Account Name		2051 65			
POSZ & BETHARDS, PLC		Fee Description			
The Commissioner is authorized to: (check all that apply)		Fee Paid			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code Fee (\$)					
Small Entity Fee Code Fee (\$)					
Fee Description					
Fee Paid					
1001 770		2001 385			
1002 340		2002 170			
1003 530		2003 265			
1004 770		2004 385			
1005 160		2005 80			
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims 9 -20**= 0 x 18 = 0					
Independent Claims 1 -3**= 0 x 86 = 0					
Multiple Dependent					
Large Entity Fee Code Fee (\$)					
Small Entity Fee Code Fee (\$)					
Fee Description					
Fee Paid					
1202 18		2202 9			
1201 86		2201 43			
1203 290		2203 145			
1204 86		2204 43			
1205 18		2205 9			
SUBTOTAL (2) (\$)		0			
** or number previously paid, if greater; For Reissues, see above					
Other fee (specify)					
SUBTOTAL (3) (\$)		420			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	JAMES E. BARLOW	Registration No. (Attorney/Agent)	32,377
Signature		Telephone	(703) 707-9110
		Date	1 June 2004

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